



## UNITED STATES PATENT AND TRADEMARK OFFICE

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WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 4542

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/740,080 | <b>FILING DATE</b><br>12/18/2000<br><b>RULE</b> | <b>CLASS</b><br>623 | <b>GROUP ART UNIT</b><br>3738 | <b>ATTORNEY<br/>DOCKET NO.</b><br>P-8788 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Michael Thomas Lee, Minnetonka, MN;  
Nancy Perry Pool, Minnetonka, MN;

**\*\* CONTINUING DATA \*\*\*\*\* 2.B.**

THIS APPLN CLAIMS BENEFIT OF 60/173,079 12/24/1999  
AND CLAIMS BENEFIT OF 60/172,937 12/21/1999  
AND CLAIMS BENEFIT OF 60/173,081 12/24/1999 \*  
AND CLAIMS BENEFIT OF 60/173,064 12/24/1999  
AND CLAIMS BENEFIT OF 60/173,065 12/24/1999  
AND CLAIMS BENEFIT OF 60/173,082 12/24/1999  
AND CLAIMS BENEFIT OF 60/173,083 12/24/1999  
AND CLAIMS BENEFIT OF 60/173,062 12/24/1999  
AND CLAIMS BENEFIT OF 60/173,071 12/24/1999  
AND CLAIMS BENEFIT OF 60/173,080 12/24/1999  
(\* ) Data inconsistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\* 1.B.****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/24/2001**

|   |                                   |                                |                               |                                    |
|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>MN | <b>SHEETS<br/>DRAWING</b><br>3 | <b>TOTAL<br/>CLAIMS</b><br>20 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                   |                                |                               |                                    |
| Verified and<br>Acknowledged <u>R. B. B. B.</u><br>Examiner's Signature Initials  |                                   |                                |                               |                                    |

**ADDRESS**

GIRMA WOLDE-MICHAEL  
Medtronic, Inc., MS 301  
7000 Central Avenue NE  
Minneapolis, MN 55432

**TITLE**

Large-scale processing loop for implantable medical devices

|                                       |   |   |
|---------------------------------------|---|---|
| <b>FILING FEE<br/>RECEIVED</b><br>840 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
|                                       |   | <input type="checkbox"/> 1.16 Fees ( Filing )                     |
|                                       |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |
|                                       |   | <input type="checkbox"/> 1.18 Fees ( Issue )                      |

|  |  |                                 |
|--|--|---------------------------------|
|  |  | <input type="checkbox"/> Other  |
|  |  | <input type="checkbox"/> Credit |